

# LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: MASSACHUSETTS

Filings Made During the Year 2004

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"x14")	2	1	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E26)	2	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	1	xxx	5/17, 8/16, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	1	xxx	3/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	2	1	xxx	4/1	NAIC	
	11	Credit Insurance Experience Exhibit	2	1	xxx	4/1	NAIC	
	12	Interest Sensitive Life Insurance Products Report	2	1	xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	2	1	xxx	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	1	xxx	4/1	NAIC	
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	1	xxx	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	xxx	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1	NAIC	
	19	Risk-Based Capital Report	2	1	xxx	3/1	NAIC	
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	21	Statement of Actuarial Opinion	2	1	xxx	3/1	Company	
	22	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	1	xxx	3/1	Company	
	23	Statement on par/non-par policies - Exhibit 5 Int. 1.1	2	1	xxx	3/1	Company	
	24	Supplemental Compensation Exhibit	@/@/@	N/A	N/A	3/1	NAIC	See Note 1
	25	Supplemental Schedule O	2	1	xxx	3/1	NAIC	
	26	SVO Compliance Certification	2	1	xxx	3/1, 5/17, 8/16, 11/15	NAIC	
	27	Trusted Surplus Statement	0	1	xxx	3/1, 5/17, 8/16, 11/15	NAIC	
	28	Workers' Compensation Carve Out Supplement	2	1	xxx	3/1	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	40	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	
	52	Audited Financial Statements	2	1	xxx	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	2	N/A	N/A	6/1	Company	
	54	Independent CPA	2	N/A	N/A	6/1	Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/1	Company	
	57	Request for Exemption to File	1	N/A	N/A	3/1	Company	
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	
	103	Certificate of Valuation	0	0	0		State	
	104	Filings Checklist (with Column 1 completed)	1	1	1		State	
	105	Premium tax	@/@/@	0	@/@/@		State	See Note 2
	106	State Filing Fees	0	0	1		State	See Note 3
	107	Affidavit of Filing	0	0	1	3/1, 5/17, 8/16, 11/15	State	See Note 8
	108	Claims in Suit	2	0	1	3/1	Company	See Note 4
	109	Form AR-1	0	0	1	3/1	State	See Note 5
	110	Holding Company Registration Statement	2	0	1	4/30	Company	See Note 7
	110.1	Holding Company Registration Affidavit	0	0	1	3/1	State	See Note 7
	111	License Renewal Application	0	0	1	3/1	State	See Note 3

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC.

\*If N/A appears in this column, the filing is required with the domiciliary state.

\*If @/@/@ appears in this column, please refer to the Filings Checklist Notes.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

**LIFE, ACCIDENT AND HEALTH INSURERS**

		<b>NOTES AND INSTRUCTIONS</b>	
	A	Required Filings Contact Person:	Peter J. Arens 617-521-7392 Peter.Arens@state.ma.us or Companies.mailbox@state.ma.us
	B	Mailing Address:	Commonwealth of Massachusetts Division of Insurance Financial Surveillance Section One South Station Boston, MA 02110-2208
	C	Mailing Address for Filing Fees and License Renewal Applications:	Massachusetts Division of Insurance Annual Statement Filing / Company License Renewal PO Box 370039 Boston, MA 02241-0739
	D	Mailing Address for Premium Tax Payments:	Commissioner of Revenue Banking and Insurance Unit 200 Arlington Street Chelsea, MA 02150 617-887-6714
	E	Delivery Instructions:	Massachusetts General Laws, Chapter 175, Section 25 requires that the Annual Statement be <b>received on or before March 1, 2004</b> . All schedules due on that date must be securely attached to the appropriate pages or bound separately.
	F	Late Filings:	Massachusetts General Laws, Chapter 175, Section 26 provides for a penalty of <b>\$100 per day</b> if the Annual Statement, and all other related filings, are not received in the proper form and by the date required. In addition, any company that neglects to file in the proper form, and by the date required, may be required to cease writing new business as long as the filing deficiency continues.
	G	Original Signatures:	Original notarized signatures of at least two principal officers of the company.
	H	Signature/Notarization/Certification:	Annual Statements must be subscribed and sworn before a notary by at least two principal officers of the company.
	I	Amended Filings:	
	J	Exceptions from normal filings:	
	K	Bar Codes (State or NAIC):	Please follow the instructions in the NAIC Annual Statement Instructions.
	L	Affidavit of Filing and Financial Statement Attestation:	In lieu of printed copies of annual statements, quarterly statements, and related filings, Massachusetts requires foreign life, accident, and health insurers to file the Affidavit of Filing and Financial Statement Attestation.
	M	NONE Filings:	Please follow the instructions in the NAIC Annual Statement Instructions.
	N	Filings new, discontinued or modified materially since last year:	

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplement .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the quarterly statement data.

The **Quarterly .PDF Filing** is the .pdf for quarterly statement data.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6)      (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company”. If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

**Column (7)      (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.